

**STATE OF MICHIGAN**  
**DEPARTMENT OF LABOR & ECONOMIC GROWTH**  
**OFFICE OF FINANCIAL AND INSURANCE SERVICES**

**Before the Commissioner of Financial and Insurance Services**

**In the matter of**

**XXXXX**

**Petitioner**

**v**

**Humana Insurance Company**  
**Respondent**

**File No. 85529-001**

**Issued and entered**  
**this 13<sup>th</sup> day of November 2007**  
**by Ken Ross**  
**Acting Commissioner**

**ORDER**

**I**  
**PROCEDURAL BACKGROUND**

On October 2, 2007, XXXXX (Petitioner) filed a request for external review with the Commissioner of Financial and Insurance Services under the Patient's Right to Independent Review Act, MCL 550.1901 *et seq.* The Commissioner reviewed the information and accepted the request on October 9, 2007.

The Commissioner notified Humana Insurance Company of the external review and requested the information used in making its adverse determination. The company provided information on October 3, 2007.

The issue here can be decided by an analysis of the terms of the Petitioner's health care coverage. The Commissioner reviews contractual issues pursuant to MCL 550.1911(7). This matter does not require a medical opinion from an independent review organization.

## **II FACTUAL BACKGROUND**

The Petitioner has health care coverage from Humana under a small group plan. Her benefits are defined in the certificate of coverage (the certificate).

The Petitioner received a tetanus booster immunization on June 4, 2007. The charge for the immunization was \$86.00. A claim was submitted and Humana denied coverage, citing the exclusion in the certificate for routine immunizations for covered persons over the age of 18. After the Petitioner appealed, Humana maintained its denial and issued a final adverse determination dated September 4, 2007.

## **III ISSUE**

Is Humana correct in denying coverage for the Petitioner's tetanus immunization?

## **IV ANALYSIS**

### **Petitioner's Argument**

The Petitioner acknowledges she requested the tetanus booster shot as a preventative measure in accordance with American Medical Association recommendations. She argues that Humana should extend coverage for the routine immunization because it provides coverage for the immunization in an emergency situation. The Petitioner further argues that the cost of a routine tetanus booster shot is less than the cost of one administered in an emergency situation and could eliminate the need for the emergency shot.

The Petitioner's physician wrote on her behalf, saying that routine immunizations are a universally accepted part of adult preventative health maintenance that he encourages.

The Petitioner says that due to the apparent lower cost and preventative nature of a non-emergency tetanus shot, she believes the booster shot she received on June 4, 2007, should be covered by Humana.

### Humana Insurance Company's Argument

Humana says that the Petitioner's policy is specific when it explains covered and non-covered expenses on page 4 of the certificate.

#### **Covered and non-covered expenses**

If you incur non-covered expenses, whether from a network provider or non-network provider, you are responsible for making the full payment to the health care provider. The fact that a health care practitioner has performed or prescribed a medically appropriate procedure, treatment, or supply, or the fact that it may be the only available treatment for a bodily injury or sickness, does not mean the procedure, treatment or supply is covered under the policy.

The policy further states under **COVERED EXPENSES** on page 33:

#### **Preventive screenings and immunizations**

\* \* \*

Covered expenses include charges incurred by you for the following preventive services as recommended by the United States Preventive Services Task Force:

\* \* \*

- Routine immunizations for *covered persons* under the age of 18.

Humana says that routine preventive immunizations, like the tetanus shots the Petitioner received on June 4, 2007, are not covered for persons 18 years of age or older.

### Commissioner's Review

The Petitioner, XXXXX, was 30 years old when she received the tetanus booster shot on June 4, 2007. The certificate is clear: routine immunizations (like tetanus) are not covered except for persons under the age of 18.

It may be true, as the Petitioner argues, that there are sound medical and financial reasons for Humana to cover adult immunizations. Nevertheless, in deciding this case the Commissioner is bound by the terms and conditions of the certificate, and it is apparent that adult routine immunizations (except for influenza and pneumonia) are not benefits under the Petitioner's coverage. The Commissioner finds Humana processed the claim correctly when it denied coverage.

**V  
ORDER**

The Commissioner upholds Humana Insurance Company's adverse determination of September 4, 2007.

This is a final decision of an administrative agency. Under MCL 550.1915, any person aggrieved by this Order may seek judicial review no later than sixty days from the date of this Order in the Circuit Court for the county where the covered person resides or in the Circuit Court of Ingham County. A copy of the petition for judicial review should be sent to the Commissioner of the Office of Financial and Insurance Services, Health Plans Division, Post Office Box 30220, Lansing, MI 48909-7720.